



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
Trusted Health Plan (District of Columbia), Inc.

NAIC Group Code	4893 (Current Period)	4893 (Prior Period)	NAIC Company Code	14225	Employer's ID Number	45-2375150
Organized under the Laws of	District of Columbia		State of Domicile or Port of Entry	DC		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	05/16/2011		Commenced Business	07/01/2013		
Statutory Home Office	1100 New Jersey Avenue SE Suite 840 (Street and Number)		Washington, DC, US 20003 (City or Town, State, Country and Zip Code)			
Main Administrative Office			1100 New Jersey Avenue SE Suite 840 (Street and Number)			
	Washington, DC, US 20003 (City or Town, State, Country and Zip Code)		(202)821-1100 (Area Code) (Telephone Number)			
Mail Address	1100 New Jersey Avenue SE Suite 840 (Street and Number or P.O. Box)		Washington, DC, US 20003 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			1100 New Jersey Avenue SE Suite 840 (Street and Number)			
	Washington , DC, US 20003 (City or Town, State, Country and Zip Code)		(202)821-1100 (Area Code) (Telephone Number)			
Internet Website Address	www.trustedhp.com					
Statutory Statement Contact	Cleveland Eugene Slade (Name)		(202)821-1070 (Area Code)(Telephone Number)(Extension)			
	cslade@trustedhp.com (E-Mail Address)		(202)821-1099 (Fax Number)			

OFFICERS

Name	Title
Thomas Michael Duncan	Chief Executive Officer
Cleveland Eugene Slade	Chief Financial Officer
Chikadibie E. Duru	General Counsel

OTHERS

DIRECTORS OR TRUSTEES

Thomas Michael Duncan	Eddie Leon Hall
Jack NMN Martin	Thomas Andrew Scully

State of _____
County of _____ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Thomas Michael Duncan	(Signature) Cleveland Eugene Slade	(Signature) Chikadibie E. Duru
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
Chief Executive Officer	Chief Financial Officer	General Counsel
(Title)	(Title)	(Title)
Subscribed and sworn to before me this _____ day of _____, 2019	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[] _____ _____ _____
_____ (Notary Public Signature)		

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)	42,357,030		42,357,030	29,401,647
2.	Stocks (Schedule D):				
2.1	Preferred stocks				
2.2	Common Stocks				
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens				
3.2	Other than first liens				
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances)				
4.2	Properties held for the production of income (less \$.....0 encumbrances)				
4.3	Properties held for sale (less \$.....0 encumbrances)				
5.	Cash (\$.....5,938,535, Schedule E Part 1), cash equivalents (\$.....3,759,266, Schedule E Part 2) and short-term investments (\$.....1,849,666, Schedule DA)	11,547,467		11,547,467	31,097,227
6.	Contract loans (including \$.....0 premium notes)				
7.	Derivatives (Schedule DB)				
8.	Other invested assets (Schedule BA)				
9.	Receivables for securities	60,023		60,023	326,642
10.	Securities Lending Reinvested Collateral Assets (Schedule DL)				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)	53,964,520		53,964,520	60,825,516
13.	Title plants less \$.....0 charged off (for Title insurers only)				
14.	Investment income due and accrued	312,328		312,328	220,011
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection	3,504,832		3,504,832	3,676,099
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3	Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16.	Reinsurance:				
16.1	Amounts recoverable from reinsurers				
16.2	Funds held by or deposited with reinsured companies				
16.3	Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	550,972	21,936	529,036	250,575
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	312,630		312,630	245,309
21.	Furniture and equipment, including health care delivery assets (\$.....0)	282,920	282,920		
22.	Net adjustment in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$.....0) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets	1,504,165	1,504,165		
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	60,432,367	1,809,021	58,623,346	65,217,510
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)	60,432,367	1,809,021	58,623,346	65,217,510
DETAILS OF WRITE-INS					
1101.	.....			
1102.	.....			
1103.	.....			
1198.	Summary of remaining write-ins for Line 11 from overflow page				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	Prepaid Expense	183,624	183,624		
2502.	Employee Advance				
2503.	Deposits	126,860	126,860		
2598.	Summary of remaining write-ins for Line 25 from overflow page	1,193,681	1,193,681		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,504,165	1,504,165		

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded)	27,402,192		27,402,192	35,599,831
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	550,578		550,578	
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	2,500,000		2,500,000	
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	5,841,755		5,841,755	10,332,568
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses))	2,580,337		2,580,337	3,086,185
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	21,711		21,711	62,627
13.	Remittances and items not allocated				
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	346,156		346,156	75,435
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties (with \$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$.....0 current)				
24.	TOTAL Liabilities (Lines 1 to 23)	39,242,729		39,242,729	49,156,646
25.	Aggregate write-ins for special surplus funds	X X X	X X X		1,898,797
26.	Common capital stock	X X X	X X X	1,000,000	1,000,000
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	5,835,000	5,835,000
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	12,545,617	7,327,067
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0)	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0)	X X X	X X X		
33.	TOTAL Capital and Surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	19,380,617	16,060,864
34.	TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	X X X	X X X	58,623,346	65,217,510
DETAILS OF WRITE-INS					
2301.	.....			
2302.	.....			
2303.	.....			
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	ACA 9010 Tax	X X X	X X X		1,898,797
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	X X X	X X X		1,898,797
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	421,877	433,493
2.	Net premium income (including \$.....0 non-health premium income)	X X X	156,534,665	160,326,923
3.	Change in unearned premium reserves and reserve for rate credits	X X X		
4.	Fee-for-service (net of \$.....0 medical expenses)	X X X		
5.	Risk revenue	X X X		
6.	Aggregate write-ins for other health care related revenues	X X X	3,440,064	243
7.	Aggregate write-ins for other non-health revenues	X X X		
8.	TOTAL Revenues (Lines 2 to 7)	X X X	159,974,729	160,327,166
Hospital and Medical:				
9.	Hospital/medical benefits		85,856,639	95,243,192
10.	Other professional services		12,547,916	12,376,554
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs		12,075,084	13,414,669
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		110,479,639	121,034,415
Less:				
17.	Net reinsurance recoveries		160,451	175,299
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		110,319,188	120,859,116
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$.....11,182,650 cost containment expenses		15,392,472	13,699,043
21.	General administrative expenses		25,941,892	18,880,665
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)			
23.	TOTAL Underwriting Deductions (Lines 18 through 22)		151,653,552	153,438,824
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	8,321,177	6,888,342
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		972,171	462,769
26.	Net realized capital gains (losses) less capital gains tax of \$.....0		(72,758)	(3,607)
27.	Net investment gains (losses) (Lines 25 plus 26)		899,413	459,162
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]			
29.	Aggregate write-ins for other income or expenses			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	X X X	9,220,590	7,347,504
31.	Federal and foreign income taxes incurred	X X X	1,981,611	2,736,596
32.	Net income (loss) (Lines 30 minus 31)	X X X	7,238,979	4,610,908
DETAILS OF WRITE-INS				
0601.	Other Income	X X X	3,440,064	243
0602.	.....	X X X		
0603.	.....	X X X		
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	3,440,064	243
0701.	.....	X X X		
0702.	.....	X X X		
0703.	.....	X X X		
0798.	Summary of remaining write-ins for Line 7 from overflow page	X X X		
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)	X X X		
1401.	.....		
1402.	.....		
1403.	.....		
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.	.....		
2902.	.....		
2903.	.....		
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	16,060,864	14,835,159
34.	Net income or (loss) from Line 32	7,238,979	4,610,908
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	2,838	(3,032)
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	270,877	(53,181)
39.	Change in nonadmitted assets	(1,246,226)	306,871
40.	Change in unauthorized and certified reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
44.1	Paid in		
44.2	Transferred from surplus (Stock Dividend)		
44.3	Transferred to surplus		
45.	Surplus adjustments:		
45.1	Paid in		
45.2	Transferred to capital (Stock Dividend)		
45.3	Transferred from capital		
46.	Dividends to stockholders	(4,000,000)	(3,780,000)
47.	Aggregate write-ins for gains or (losses) in surplus	1,053,282	144,142
48.	Net change in capital and surplus (Lines 34 to 47)	3,319,750	1,225,708
49.	Capital and surplus end of reporting year (Line 33 plus 48)	19,380,614	16,060,867
DETAILS OF WRITE-INS			
4701.	Prior Period Adjustments	(359,920)	144,142
4702.	Federal Tax Provision Adjustment	1,413,202	
4703.	.....	
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	1,053,282	144,142

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	159,205,932	158,110,799
2.	Net investment income	983,820	738,152
3.	Miscellaneous income	3,440,064	243
4.	TOTAL (Lines 1 through 3)	163,629,816	158,849,194
5.	Benefit and loss related payments	118,516,827	109,447,982
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	45,276,955	27,666,778
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	2,487,459	(74,257)
10.	TOTAL (Lines 5 through 9)	166,281,241	137,040,503
11.	Net cash from operations (Line 4 minus Line 10)	(2,651,425)	21,808,691
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds	4,881,818	2,803,895
12.2	Stocks		
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds	269,457	
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	5,151,275	2,803,895
13.	Cost of investments acquired (long-term only):		
13.1	Bonds	18,010,564	3,522,313
13.2	Stocks		
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications	1,001	395,231
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	18,011,565	3,917,544
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(12,860,290)	(1,113,649)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders	4,000,000	3,780,000
16.6	Other cash provided (applied)	(38,044)	135,028
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(4,038,044)	(3,644,972)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(19,549,760)	17,050,070
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	31,097,227	14,047,157
19.2	End of year (Line 18 plus Line 19.1)	11,547,467	31,097,227

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001			
---------	--	--	--

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	156,534,665	14,111,857						142,422,808		
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$.....0 medical expenses)										X X X
4.	Risk revenue										X X X
5.	Aggregate write-ins for other health care related revenues	3,440,064	355,095						3,084,969		X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	TOTAL Revenues (Lines 1 to 6)	159,974,729	14,466,952						145,507,777		
8.	Hospital/medical benefits	85,856,639	9,305,619						76,551,020		X X X
9.	Other professional services	12,547,916	708,417						11,839,499		X X X
10.	Outside referrals										X X X
11.	Emergency room and out-of-area										X X X
12.	Prescription drugs	12,075,084	2,040,968						10,034,116		X X X
13.	Aggregate write-ins for other hospital and medical										X X X
14.	Incentive pool, withhold adjustments and bonus amounts										X X X
15.	Subtotal (Lines 8 to 14)	110,479,639	12,055,004						98,424,635		X X X
16.	Net reinsurance recoveries	160,451							160,451		X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	110,319,188	12,055,004						98,264,184		X X X
18.	Non-health claims (net)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
19.	Claims adjustment expenses including \$.....11,182,650 cost containment expenses	15,392,472	1,358,548						14,033,924		
20.	General administrative expenses	25,941,892	2,677,811						23,264,081		
21.	Increase in reserves for accident and health contracts										X X X
22.	Increase in reserves for life contracts		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	151,653,552	16,091,363						135,562,189		
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	8,321,177	(1,624,411)						9,945,588		
DETAILS OF WRITE-INS											
0501.	Other Income	3,440,064	355,095						3,084,969		X X X
0502.	.....										X X X
0503.	.....										X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page										X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	3,440,064	355,095						3,084,969		X X X
0601.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0602.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.	.....		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0698.	Summary of remaining write-ins for Line 6 from overflow page		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.	.....										X X X
1302.	.....										X X X
1303.	.....										X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										X X X

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

		1	2	3	4
		Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Columns 1 + 2 - 3)
Line of Business					
1.	Comprehensive (hospital and medical)	14,120,320		8,462	14,111,858
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare				
7.	Title XIX - Medicaid	142,507,664		84,856	142,422,808
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	156,627,984		93,318	156,534,666
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	156,627,984		93,318	156,534,666

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	118,677,278	14,661,492						104,015,786		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	160,452							160,452		
1.4 Net	118,516,826	14,661,492						103,855,334		
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	27,402,192	3,696,853						23,705,339		
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	27,402,192	3,696,853						23,705,339		
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	35,599,831	6,303,341						29,296,490		
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	35,599,831	6,303,341						29,296,490		
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	110,479,639	12,055,004						98,424,635		
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	160,452							160,452		
12.4 Net	110,319,187	12,055,004						98,264,183		
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$.....0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	2,549,186	343,913						2,205,273		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	2,549,186	343,913						2,205,273		
2. Incurred but Unreported:										
2.1 Direct	24,853,006	3,352,940						21,500,066		
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	24,853,006	3,352,940						21,500,066		
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	27,402,192	3,696,853						23,705,339		
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	27,402,192	3,696,853						23,705,339		

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (hospital and medical)	3,500,229	11,161,263	358,159	3,338,694	3,858,388	6,303,340
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health	25,719,474	78,135,860	1,989,841	21,715,498	27,709,315	29,296,491
9.	Health subtotal (Lines 1 to 8)	29,219,703	89,297,123	2,348,000	25,054,192	31,567,703	35,599,831
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pool and bonus amounts						
13.	TOTALS (Lines 9 - 10 + 11 + 12)	29,219,703	89,297,123	2,348,000	25,054,192	31,567,703	35,599,831

(a) Excludes \$.0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	11,855	11,518	11,641	11,581	11,581
2.	2014	81,656	95,451	96,507	96,503	96,132
3.	2015	X X X	81,086	99,337	99,904	100,044
4.	2016	X X X	X X X	93,885	107,638	108,053
5.	2017	X X X	X X X	X X X	95,193	124,230
6.	2018	X X X	X X X	X X X	X X X	89,297

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	11,855	11,518	11,641	11,581	11,581
2.	2014	93,637	96,035	96,507	96,503	96,132
3.	2015	X X X	101,950	100,904	99,904	100,044
4.	2016	X X X	X X X	116,507	109,271	108,053
5.	2017	X X X	X X X	X X X	129,159	126,578
6.	2018	X X X	X X X	X X X	X X X	114,351

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2014	119,092	96,132	7,673	7.981	103,805	87.163			103,805	87.163
2.	2015	131,563	100,044	6,839	6.836	106,883	81.241			106,883	81.241
3.	2016	147,423	108,053	9,408	8.707	117,461	79.676			117,461	79.676
4.	2017	160,327	124,230	14,623	11.771	138,853	86.606	2,348	42	141,243	88.097
5.	2018	156,535	89,297	11,968	13.402	101,265	64.691	25,054	461	126,780	80.991

12 Grand Total

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Hospital and Medical
Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	686	637	637	637	637
2.	2014	6,469	7,868	7,868	7,868	7,868
3.	2015	X X X	6,307	8,491	8,491	8,491
4.	2016	X X X	X X X	8,219	10,030	10,030
5.	2017	X X X	X X X	X X X	8,839	12,339
6.	2018	X X X	X X X	X X X	X X X	11,161

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	686	637	637	637	637
2.	2014	7,488	7,967	7,868	7,868	7,868
3.	2015	X X X	10,065	8,658	8,491	8,491
4.	2016	X X X	X X X	11,106	10,540	10,030
5.	2017	X X X	X X X	X X X	14,632	12,697
6.	2018	X X X	X X X	X X X	X X X	14,500

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2014	7,692	7,868	684	8.693	8,552	111.180			8,552	111.180
2.	2015	8,987	8,491	726	8.550	9,217	102.559			9,217	102.559
3.	2016	11,230	10,030	755	7.527	10,785	96.037			10,785	96.037
4.	2017	14,263	12,339	1,369	11.094	13,708	96.108	358	6	14,072	98.660
5.	2018	14,112	11,161	1,045	9.359	12,206	86.491	3,339	61	15,606	110.584

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare	NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	11,169	10,881	11,004	10,944	10,944
2.	2014	75,187	87,583	88,639	88,635	88,264
3.	2015	X X X	74,779	90,846	91,413	91,553
4.	2016	X X X	X X X	85,666	97,608	98,023
5.	2017	X X X	X X X	X X X	86,354	111,891
6.	2018	X X X	X X X	X X X	X X X	78,136

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior	11,169	10,881	11,004	10,944	10,944
2.	2014	86,149	88,068	88,639	88,635	88,264
3.	2015	X X X	91,885	92,246	91,413	91,553
4.	2016	X X X	X X X	105,401	98,731	98,023
5.	2017	X X X	X X X	X X X	114,527	113,881
6.	2018	X X X	X X X	X X X	X X X	99,851

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2014	111,400	88,264	6,989	7.918	95,253	85.505			95,253	85.505
2.	2015	122,576	91,553	6,113	6.677	97,666	79.678			97,666	79.678
3.	2016	136,193	98,023	8,653	8.827	106,676	78.327			106,676	78.327
4.	2017	146,064	111,891	13,254	11.846	125,145	85.678	1,990	36	127,171	87.065
5.	2018	142,423	78,136	10,923	13.980	89,059	62.531	21,715	400	111,174	78.059

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior					
2.	2014					
3.	2015					
4.	2016					
5.	2017					
6.	2018					

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2014	2 2015	3 2016	4 2017	5 2018
1.	Prior					
2.	2014					
3.	2015					
4.	2016					
5.	2017					
6.	2018					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1.	2014										
2.	2015										
3.	2016										
4.	2017										
5.	2018										

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)									
5. Aggregate write-ins for other policy reserves	2,500,000							2,500,000	
6. TOTALS (Gross)	2,500,000							2,500,000	
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	2,500,000							2,500,000	
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501. Premiums Subject to Redetermination	2,500,000							2,500,000	
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	2,500,000							2,500,000	
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page ..									
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) ..									

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building)	521,981		462,135		984,116
2.	Salaries, wages and other benefits	4,221,983	2,811,647	4,480,975		11,514,605
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed)					
4.	Legal fees and expenses		113,371	195,438		308,809
5.	Certifications and accreditation fees	9,050	60,375	99,428		168,853
6.	Auditing, actuarial and other consulting services		66,180	114,086		180,266
7.	Traveling expenses	85,927	216,996	361,357		664,280
8.	Marketing and advertising	128,805	34,973	60,290		224,068
9.	Postage, express and telephone	59,513	188,826	325,169		573,508
10.	Printing and office supplies	146,338	159,891	275,630		581,859
11.	Occupancy, depreciation and amortization		85,782	147,878		233,660
12.	Equipment		20,331	35,048		55,379
13.	Cost or depreciation of EDP equipment and software	190,265	91,818	158,284		440,367
14.	Outsourced services including EDP, claims, and other services	5,413,020		11,261,122		16,674,142
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate	89,704	679	584		90,967
17.	Collection and bank service charges				121,363	121,363
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes					
23.2	State premium taxes			3,132,784		3,132,784
23.3	Regulatory authority licenses and fees	25,781		4,240,283		4,266,064
23.4	Payroll taxes	251,333	167,558	261,460		680,351
23.5	Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses	38,950	191,395	329,941		560,286
26.	TOTAL Expenses Incurred (Lines 1 to 25)	11,182,650	4,209,822	25,941,892	121,363	(a) 41,455,727
27.	Less expenses unpaid December 31, current year		550,578	5,841,755		6,392,333
28.	Add expenses unpaid December 31, prior year			10,332,567		10,332,567
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	11,182,650	3,659,244	30,432,704	121,363	45,395,961
DETAILS OF WRITE-INS						
2501.	Contributions and Sponsorships			14,489		14,489
2502.	Government Relations			303,592		303,592
2503.	Miscellaneous Administrative Expenses	38,950	191,395	11,860		242,205
2598.	Summary of remaining write-ins for Line 25 from overflow page					
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	38,950	191,395	329,941		560,286

(a) Includes management fees of \$.....7,836,215 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a)..... 127,101	..... 130,638
1.1	Bonds exempt from U.S. tax	(a).....	.....
1.2	Other bonds (unaffiliated)	(a)..... 737,191	..... 871,964
1.3	Bonds of affiliates	(a).....	.....
2.1	Preferred stocks (unaffiliated)	(b).....	.....
2.11	Preferred stocks of affiliates	(b).....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c).....	.....
4.	Real estate	(d).....	.....
5.	Contract loans .....	.....	.....
6.	Cash, cash equivalents and short-term investments	(e)..... 75,025	..... 90,932
7.	Derivative instruments	(f).....	.....
8.	Other invested assets .....	.....	.....
9.	Aggregate write-ins for investment income .....	.....	.....
10.	TOTAL gross investment income .....	..... 939,317	..... 1,093,534
11.	Investment expenses .....	.....	(g)..... 121,363
12.	Investment taxes, licenses and fees, excluding federal income taxes .....	.....	(g).....
13.	Interest expense .....	.....	(h).....
14.	Depreciation on real estate and other invested assets .....	.....	(i).....
15.	Aggregate write-ins for deductions from investment income .....	.....	.....
16.	TOTAL Deductions (Lines 11 through 15) .....	.....	..... 121,363
17.	Net Investment income (Line 10 minus Line 16) .....	.....	..... 972,171
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....
(a) Includes \$.....122,049 accrual of discount less \$.....226,015 amortization of premium and less \$.....72,711 paid for accrued interest on purchases.			
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.			
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.			
(e) Includes \$.....10,651 accrual of discount less \$.....6,187 amortization of premium and less \$.....20,569 paid for accrued interest on purchases.			
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.			
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.			
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	..... (9)	.....	..... (9)	.....	.....
1.1	Bonds exempt from U.S. tax .....	.....	.....	.....	.....	.....
1.2	Other bonds (unaffiliated) .....	..... (71,748)	.....	..... (71,748)	.....	.....
1.3	Bonds of affiliates .....	.....	.....	.....	.....	.....
2.1	Preferred stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.11	Preferred stocks of affiliates .....	.....	.....	.....	.....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....	.....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....	.....	.....	.....
3.	Mortgage loans .....	.....	.....	.....	.....	.....
4.	Real estate .....	.....	.....	.....	.....	.....
5.	Contract loans .....	.....	.....	.....	.....	.....
6.	Cash, cash equivalents and short-term investments .....	..... (1,001)	.....	..... (1,001)	..... 2,838	.....
7.	Derivative instruments .....	.....	.....	.....	.....	.....
8.	Other invested assets .....	.....	.....	.....	.....	.....
9.	Aggregate write-ins for capital gains (losses) .....	.....	.....	.....	.....	.....
10.	TOTAL Capital gains (losses) .....	..... (72,758)	.....	..... (72,758)	..... 2,838	.....
DETAILS OF WRITE-INS						
0901.	.....	.....	.....	.....	.....	.....
0902.	.....	.....	.....	.....	.....	.....
0903.	.....	.....	.....	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....	.....
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....	.....

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
2.1	Preferred stocks			
2.2	Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens			
3.2	Other than first liens			
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company			
4.2	Properties held for the production of income			
4.3	Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			
9.	Receivables for securities			
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)			
14.	Invested income due and accrued			
15.	Premium and considerations:			
15.1	Uncollected premiums and agents' balances in the course of collection			
15.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3	Accrued retrospective premiums and contracts subject to redetermination			
16.	Reinsurance:			
16.1	Amounts recoverable from reinsurers			
16.2	Funds held by or deposited with reinsured companies			
16.3	Other amounts receivable under reinsurance contracts			
17.	Amounts receivable relating to uninsured plans			
18.1	Current federal and foreign income tax recoverable and interest thereon			
18.2	Net deferred tax asset	21,936	29,520	7,584
19.	Guaranty funds receivable or on deposit			
20.	Electronic data processing equipment and software		15,353	15,353
21.	Furniture and equipment, including health care delivery assets	282,920	178,941	(103,979)
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivables from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable			
25.	Aggregate write-ins for other than invested assets	1,504,165	338,981	(1,165,184)
26.	TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,809,021	562,795	(1,246,226)
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28.	TOTAL (Lines 26 and 27)	1,809,021	562,795	(1,246,226)
DETAILS OF WRITE-INS				
1101.	.....		
1102.	.....		
1103.	.....		
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)			
2501.	Prepaid Expenses	183,624	192,766	9,142
2502.	Employee Advances		4,414	4,414
2503.	Deposits	126,860	108,110	(18,750)
2598.	Summary of remaining write-ins for Line 25 from overflow page	1,193,681	33,691	(1,159,990)
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,504,165	338,981	(1,165,184)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations	37,825	35,719	34,648	33,839	34,145	421,877
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service						
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL	37,825	35,719	34,648	33,839	34,145	421,877
DETAILS OF WRITE-INS							
0601.	.....					
0602.	.....					
0603.	.....					
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Trusted Health Plan, (District of Columbia), Inc. (THP) are presented on the basis of accounting practices prescribed or permitted by the District of Columbia Department of Insurance, Securities and Banking (DISB).

The DISB recognizes only statutory accounting practices prescribed or permitted by the District of Columbia (District) for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the District of Columbia Insurance Code. The DISB has adopted the National Association of Insurance Commissioners’ (NAIC) *Accounting Practices and Procedures Manual* as a component of prescribed and permitted practices for the District. The DISB has the right to permit specific practices that deviate from prescribed practices. There is no deviation from the NAIC *Accounting Practices and Procedures Manual*.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the District of Columbia Department of Insurance, Securities and Banking is shown below:

	SSAP #	F/S Page	F/S Line #	2018	2017
<u>NET INCOME</u>					
(1) State basis (Page 4, Line 32, Columns 2 & 3)	XXX	XXX	XXX	7,238,979	4,610,908
(2) State Prescribed Practices that increase/decrease NAIC SAP:					
(3) State Permitted Practices that increase/(decrease) NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	7,238,979	4,610,908
<u>SURPLUS</u>					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	19,380,617	16,060,864
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:					
(7) State Permitted Practices that increase/(decrease) NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	19,380,617	16,060,864

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of the financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

THP writes only Medicaid contracts primarily through a contract with the District of Columbia Department of Health Care Finance (DHCF). Medicaid premiums from the DHCF are due monthly and are recognized as revenue during the period in which THP is obligated to provide service to members.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments – are stated at amortized cost.
- (2) Bonds are stated at amortized cost. The Company does not have Mandatory Convertible securities nor SVO Identified investments.
- (3) Common stocks – None

Notes to Financial Statements

- (4) Preferred stocks – None
- (5) Mortgage loans on real estate – None
- (6) Loan-backed securities – None
- (7) Investments in subsidiaries, controlled or affiliated companies – None
- (8) Investments in joint ventures, partnerships and limited liability companies – None
- (9) Derivatives instruments – None
- (10) THP does not carry a premium deficiency reserve and consequently does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Medical and hospital costs are accrued based on claims received but unpaid and an estimate for claims incurred but not yet received (IBNR). These estimates are projected through an actuarial model, which calculates the outstanding liability based on payment trends and membership. THP uses actuarially sound methodologies developed by its actuarial consultants, Lewis & Ellis, Inc. to calculate its medical liability. Claims and claims adjustment expenses are expensed as incurred.

The Company establishes an unpaid claims liability for claims in the process of review and for claims incurred but not reported. The liability for claims incurred but not reported is actuarially estimated based on the most current historical claims experience, changes in number of members and participants and estimates of health care trend (cost, utilization and intensity of services) changes. Estimates for claims incurred but not reported are continually reviewed and revised as changes in these factors occur and revisions are reflected in the current year’s statements of revenue and expenses.

- (12) THP has not modified its capitalization policy from the prior period.
- (13) THP does not have any pharmacy rebate receivables.

D. Going Concern - None

2. Accounting Changes and Corrections of Errors

The Company made audit adjustment to the 2018 financial statements related to the following items:

Premiums	\$	584,190
Claims	\$	(586,913)
Admin	\$	91,964
Investment Income	\$	(323,406)
Federal Income Tax	\$	1,287,459
	\$	1,053,295

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None
- B. Statutory Merger - None
- C. Assumption Reinsurance – None
- D. Impairment Loss – None

4. Discontinued Operations

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans – None
- B. Debt Restructuring – None
- C. Reverse Mortgages – None
- D. Loan-Backed Securities – None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
- (1) Policy for requiring collateral or other security – None

Notes to Financial Statements

(2) Carrying amount and classification of both those assets and associated liabilities – None

(3) Collateral accepted that it is permitted by contract or custom to sell or repledge:

- a. Aggregate amount of contractually obligated open collateral positions – None
- b. Fair value of that collateral and of the portion of that collateral that it has sold or repledged – None
- c. Information about the sources and uses of that collateral – None

(4) Aggregate value of the reinvested collateral which is “one-line” reported and the aggregate reinvested collateral which is reported in the investment schedules – None

(5) Reinvestment of the cash collateral and any securities which it or its agent receives as collateral that can be sold or repledged – None

(6) Collateral accepted that it is not permitted by contract or custom to sell or repledge – None

(7) Collateral for transactions that extend beyond one year from the reporting date – None

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
- H. Repurchase Agreements Transactions Accounted for as a Sale – None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
- J. Real Estate – None
- K. Low-Income Housing Tax Credits (LIHTC) – None
- L. Restricted Assets

(1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Gross (Admitted and Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$%%
b. Collateral held under security lending agreements	.....	.....	.....	.....	.....	.....	.....
c. Subject to repurchase agreements	.....	.....	.....	.....	.....	.....	.....
d. Subject to reverse repurchase agreements	.....	.....	.....	.....	.....	.....	.....
e. Subject to dollar repurchase agreements	.....	.....	.....	.....	.....	.....	.....
f. Subject to dollar reverse repurchase agreements	.....	.....	.....	.....	.....	.....	.....
g. Placed under option contracts	.....	.....	.....	.....	.....	.....	.....
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock	.....	.....	.....	.....	.....	.....	.....
i. FHLB capital stock							
j. On deposit with states	\$625,772	\$622,642	\$3,130	\$0	\$625,772	1.035%	1.067%
k. On deposit with other regulatory bodies	.....	.....	.....	.....	.....	.....	.....
l. Pledged as collateral to FHLB (including assets backing funding agreements)	.....	.....	.....	.....	.....	.....	.....
m. Pledged as collateral not captured in other categories	.....	.....	.....	.....	.....	.....	.....
n. Other restricted assets	.....	.....	.....	.....	.....	.....	.....
o. Total Restricted Assets	\$625,772	\$622,642	\$3,130	\$0	\$625,772	1.035%	1.067%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None

(3) Detail of Other Restricted Assets - None

Notes to Financial Statements

M. Working Capital Finance Investments

(2) Aggregate Book/Adjusted Carrying Value – None

(3) Events of Default – None

N. Offsetting and Netting of Assets and Liabilities – None

O. Structured Notes – None

P. 5GI Securities – None

Q. Short Sales – None

R. Prepayment Penalty and Acceleration Fees - None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. THP has no investments in joint ventures, partnerships or limited liability companies.

B. THP does not have any investments in impaired Joint Ventures, Partnerships or Limited Liability Companies.

7. Investment Income

The Company has no investment income due and accrued excluded from surplus.

8. Derivative Instruments

A. – C. THP does not have any derivative instruments.

9. Income Taxes

A.	The components of the net deferred tax asset (liability) at December 31 are as follows:									
1.		December 31, 2018			December 31, 2017			Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
				(Col 1+2)			(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	Gross Deferred Tax Assets	687,880	21,936	709,816	295,375	7,942	303,317	392,505	13,994	406,499
(b)	Statutory Valuation Allowance Adjustments	-	-	-	-	-	-	-	-	-
(c)	Adjusted Gross Deferred Tax Assets (1a - 1b)	687,880	21,936	709,816	295,375	7,942	303,317	392,505	13,994	406,499
(d)	Deferred Tax Assets Nonadmitted	-	21,936	21,936	21,578	7,942	29,520	(21,578)	13,994	(7,584)
(e)	Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	687,880	-	687,880	273,797	-	273,797	414,083	-	414,083
(f)	Deferred Tax Liabilities	158,844	-	158,844	22,585	637	23,222	136,259	(637)	135,622
(g)	Net Admitted Deferred Tax Asset / (Net Deferred Tax Liability) (1e - 1f)	529,036	-	529,036	251,212	(637)	250,575	277,824	637	278,461

2.		December 31, 2018			December 31, 2017			Change		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
				(Col 1+2)			(Col 4+5)	(Col 1-4)	(Col 2-5)	(Col 7+8)
		Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission Calculation Components										
(a)	Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks	537,766	-	537,766	250,575	-	250,575	287,191	-	287,191
(b)	Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount of Deferred Tax Assets from 2(a) above) after application of the Threshold Limitation (The lesser of 2(b)1 and 2(b)2 below)	-	-	-	-	-	-	-	-	-
1.	Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 537,766	\$ -	\$ 537,766	\$ 250,575	\$ -	\$ 250,575	\$ 287,191	\$ -	\$ 287,191
2.	Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold	XXX	XXX	\$ 2,821,160	XXX	XXX	\$ 2,597,390	XXX	XXX	\$ 223,770
(c)	Adjusted Gross Deferred Tax Assets (Excluding the Amount of Deferred Tax Assets from 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities	\$ 158,844		\$ 158,844	\$ 23,222	\$ -	\$ 23,222	\$ 135,622	\$ -	\$ 135,622
(d)	Deferred Tax Assets Admitted as the result of application of SSAP No. 101.									
	Total 2(a) + 2(b) + 2(c)	\$ 696,610	\$ -	\$ 696,610	\$ 273,797	\$ -	\$ 273,797	\$ 422,813	\$ -	\$ 422,813

Notes to Financial Statements

3.		2018	2017
(a)	Ratio percentage used to determine Recovery Period and Threshold Limitation Amount	394%	355%
(b)	Amount of Adjusted Capital and Surplus Used to Determine Recovery Period And Threshold Limitation in 2(b)2 above	\$ 18,851,584	17,315,934

4.		December 31, 2018		December 31, 2017		Change	
		(1)	(2)	(3)	(4)	(5)	(6)
		Ordinary	Capital	Ordinary	Capital	(Col 1 - 3) Ordinary	(Col 2 - 4) Capital
	Impact of Tax-Planning Strategies						
(a)	Determination of Adjusted Gross Deferred Tax Assets and Net Admitted Deferred Tax Assets, By Tax Character as a Percentage,						
1.	Adjusted Gross DTAs Amount From Note 9A1(c)	687,880	21,936	295,375	7,942	392,505	13,994
2.	Percentage of Adjusted Gross DTAs by Tax Character Attributable to the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
3.	Net Admitted Adjusted Gross DTAs Amount from Note 9A1(e)	687,880	-	273,797	-	414,083	-
4.	Percentage of Net Admitted Adjusted Gross DTAs by Tax Character Admitted Because of the Impact of Tax Planning Strategies	0%	0%	0%	0%	0%	0%
(b)	Does the Company's tax-planning strategies include the use of reinsurance?			Yes _____	No X		

B.	Unrecognized DTLs			
	Not applicable.			
C.	Current income taxes incurred consist of the following major components:			
1.	Current income tax	12/31/18	12/31/17	Change
(a)	Federal	1,924,835	2,574,178	(649,343)
(b)	Foreign	-	-	-
(c)	Subtotal	1,924,835	2,574,178	(649,343)
(d)	Federal income tax on net capital gains	-	-	-
(e)	Utilization of capital loss carry-forwards	-	-	-
(f)	Other	56,776	162,418	(105,642)
(g)	Federal and foreign income taxes incurred	1,981,611	2,736,596	(754,985)
2.	Deferred Tax Assets:			
(a)	Ordinary:			
(1)	Discounting of unpaid losses	99,970	55,378	44,592
(2)	Unearned premium reserve	-	-	-
(3)	Policyholder reserves	-	-	-
(4)	Investments	-	-	-
(5)	Deferred acquisition costs	-	-	-
(6)	Policyholder dividends accrual	-	-	-
(7)	Fixed assets	-	-	-
(8)	Compensation and benefits accrual	-	-	-
(9)	Pension accrual	-	-	-
(10)	Receivables - nonadmitted	-	9	(9)
(11)	Net operating loss carry-forward	-	-	-
(12)	Tax credit carry-forward	-	-	-
(13)	Other (including items <5% of total ordinary tax assets)	587,910	239,988	347,922
(99)	Subtotal	687,880	295,375	392,505
(b)	Statutory valuation allowance adjustment	-	-	-
(c)	Nonadmitted	-	21,578	(21,578)
(d)	Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	687,880	273,797	414,083
(e)	Capital:			

Notes to Financial Statements

(1)	Investments	-	-	-
(2)	Net capital loss carry-forward	21,936	7,942	13,994
(3)	Real estate	-	-	-
(4)	Other (including items <5% of total capital tax assets)	-	-	-
(99)	Subtotal	21,936	7,942	13,994
(f)	Statutory valuation allowance adjustment	-	-	-
(g)	Nonadmitted	21,936	7,942	13,994
(h)	Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	-	-
(i)	Admitted deferred tax assets (2d + 2h)	687,880	273,797	414,083
3.	Deferred Tax Liabilities:			
(a)	Ordinary			
(1)	Investments	553	104	449
(2)	Fixed assets	103,144	22,481	80,663
(3)	Deferred and uncollected premium	-	-	-
(4)	Policyholder reserves	-	-	-
(5)	Other (including items <5% of total ordinary tax assets)	55,147	-	55,147
(99)	Subtotal	158,844	22,585	136,259
(b)	Capital:			
(1)	Investments	-	637	(637)
(2)	Real estate	-	-	-
(3)	Other (including items <5% of total capital tax assets)	-	-	-
(99)	Subtotal	-	637	(637)
(c)	Deferred tax liabilities (3a99 + 3b99)	158,844	23,222	135,622
4.	Net deferred tax assets/liabilities (2i - 3c)	529,036	250,575	278,461

D.	Reconciliation of Federal income Tax Rate to Actual Effective Rate			
	The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant items causing this difference are as follows:			
			Tax Effect @	Effective Tax
	Description	Amount	21%	Rate
	Income before taxes	8,680,590	1,822,924	21.00%
	DRD deduction and tax-exempt interest, net	-	-	0.00%
	Prior year underaccrual/(overaccrual)	178,678	37,522	0.43%
	Change in nonadmitted assets	(1,253,810)	(263,300)	-3.03%
	Meals and entertainment	79,472	16,689	0.19%
	Change in valuation allowance	-	-	0.00%
	Other nondeductible expenses	361,082	75,827	0.87%
	Other, including change in tax rates	103,378	21,709	0.25%
	Total	8,149,390	1,711,371	19.71%
	Federal income taxed incurred [expense/(benefit)]		1,981,611	22.83%
	Tax on capital gains		-	0.00%
	Change in net deferred income tax [charge/(benefit)]		(270,240)	-3.11%
	Total statutory income taxes		1,711,371	19.71%
			0	
			1	
	The Tax Cuts & Jobs Act ("TCJA"), signed into law on December 22, 2017, reduces the corporate Federal income tax rate from 34 percent to 21 percent, effective for years beginning after December 31, 2017. The Company has determined that no other changes are required to the deferred tax asset, and the current income tax expense is unaffected by this change in the law.			

Notes to Financial Statements

E.	Operating Loss and Tax Credit Carryforwards			
(1)	At December 31, 2018 the Company had \$0 of net operating loss carryforwards.			
(2)	The following is income tax expense for 2018 and 2017 that is available for recoupment in the event of future net losses:			
		Year	Amount	
		2018	1,924,835	
		2017	2,630,954	
(3)	The aggregate amount of deposits reported as admitted assets under Section 6603 of the Internal Revenue Service (IRS) Code was \$0 as of December 31, 2018.			
F.	Consolidated Federal Income Tax Return			
(1)	The Company's federal income tax return is consolidated with the following entities:			
	Trusted Health Plans, Inc.			
	Harbor Health Plan, Inc.			
(2)	The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate return basis with current credit given for any net operating losses or other items utilized in the consolidated tax			

G. The Company does not have any income tax loss contingencies.

H. Repatriation Transition Tax (RTT) – None

I. Alternative Minimum Tax (AMT) Credit - None

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. THP is a wholly owned subsidiary of Trusted Health Plan, Inc., a Delaware holding company. All outstanding shares of THP are owned by the parent company, Trusted Health Plans, Inc., a holding company domiciled in the state of Delaware. THP holds no assets or shares of stock in Trusted Health Plans, Inc.

B. and C. On November 17, 2017 the Company paid an extraordinary dividend to Parent totaling \$3,780,000. In 2018, the Company paid extraordinary dividends to Parent of \$750,000 on March 30 and \$3,250,000 on October 18.

The Company has a Management and Administrative Services agreement to receive administrative services from Trusted Health Plans, Inc. \$7,836,215 of administrative expenses were allocated to the Company by Trusted Health Plans, Inc.

D. Amounts Due From or to Related Parties - The Company reported the following:

<u>Amounts Due From (To) Affiliates</u>	<u>12/31/2018</u>	<u>12/31/2017</u>
Due To Trusted Health Plans, Inc.	\$346,156	\$75,435
Total	\$346,156	\$75,435

E. There are no guarantees or undertakings that exist with affiliates or non-affiliates that would expose the Company’s assets or liabilities.

F. Office lease agreements and material management contracts

In April, 2015 the District of Columbia, Department of Insurance, Securities and Banking (DISB) approved a Management and Administrative Services Agreement between Trusted Health Plan (District of Columbia), Inc. and its’ Parent Company, Trusted Health Plans, Inc.

The Agreement has a January 1, 2015 effective date.

G. THP is a wholly owned subsidiary of Trusted Health Plans, Inc.

H. The Company had no ownership in any upstream intermediate entities or ultimate parent companies owned.

Notes to Financial Statements

- I. Investment in SCA - None
- J. Investment in impaired SCAs - None
- K. Investment in Foreign Insurance Subsidiary - None
- L. Investment in Downstream Noninsurance Holding Company – None
- M. SCA Investments disclosure of SCA Balance Sheet – None
- N. Investment in Insurance SCA departure from NAIC SAP – None
- O. SCA Loss Tracking - None

11. Debt

- A. Debt – None
- B. FHLB (Federal Home Loan Bank) Agreements – None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans.

- A. Defined Benefit Plan
 - (1) Change in benefit obligation – None
 - (2) Change in plan assets- None
 - (3) Funded status - None
 - (4) Components of net periodic benefit cost - None
 - (5) The amount included in unassigned funds (surplus) for the period arising from a change in the additional minimum pension liability recognized - None
 - (6) Amounts in unassigned funds (surplus expected to be recognized in the next fiscal year as components of net periodic benefit cost - None
 - (7) Amounts in unassigned funds (surplus) that have not been recognized as components of net periodic benefit cost - None
 - (8) Weighted-average assumptions used to determine net period benefit cost - None
 - (9) The amount of accumulated benefit obligation for defined benefit pension plans - None
 - (10) – (11) The defined benefit pension plan asset allocation as of the measurement date, and the target asset allocation, presented as a percentage of total plan assets - None
 - (12) Estimated future payments, which reflect expected future service, as appropriate, are expected to be paid in the years- None
 - (13) Regulatory contribution requirements - None
 - (14) – (21) - None
- B. Narrative Description of Investment Policies and Strategies – Not applicable.
- C. Fair Value of Plan Assets – Not applicable.
- D. Narrative Description of Basis Used to Determine Expected L-T Rate-of Return – Not applicable.
- E. Defined Contribution Plans - THP sponsored a 401K plan (The “Plan”) for its employees beginning in 2013. Employees were eligible to participate in the Plan if they were at least 18 years of age and had completed three consecutive months of employment at the Company. The Company may make a discretionary matching contribution to the Plan. For the period ended December 31, 2018 the Plan has contributed \$109,830. At December 31, 2017, the fair value of plan assets was \$1,483,219.
- F. Multi-Employer Plan – None
- G. Consolidated/Holding Company Plans – None
- H. Post-Employment Benefits and Compensated Absences – None

Notes to Financial Statements

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) – None

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- 1. Capital stock authorized, issued and outstanding – On March 23, 2016 the Board of Directors of Trusted Health Plan (District of Columbia) Inc. approved the change in its common stock per share value from 0.01 to \$10.00 per share as an amendment to its Articles of Incorporation. The Restated Articles of Incorporation was approved by the District of Columbia Government Corporations Division on April 4, 2016.
- 2. THP has not issued any preferred stock.
- 3. Dividend restrictions

Pursuant to D.C. Code §31-706(b), THP is required to receive prior approval from the DC DISB Commissioner before declaring a dividend in excess of 10% of prior year's capital and surplus balance or the prior year's net income balance amount.
- 4. The Company paid an extraordinary dividends of \$750,000 on March 30, 2018 and \$3,250,000 on October 18, 2018.
- 5. Portions of Company’s profit paid as ordinary dividends to stockholders

Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- 6. Description of any restrictions on unassigned funds: None
- 7. Total amount of advances to surplus not repaid: None
- 8. Total amount of stock held by the company for special purposes: None
- 9. Reasons for changes in the balances of any special surplus funds: None
- 10. Portion of unassigned funds represented or reduced by unrealized gains or losses is \$550,972.
- 11. The company issued the following surplus debentures: None
- 12. Impact of restatement in a quasi-reorganization: None
- 13. Effective date of quasi-reorganization: None

14. Contingencies

- A. Contingent Commitments – None
- B. Assessments – None
- C. Gain Contingencies – None
- D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
- E. Joint and Several Liabilities - None
- F. All Other Contingencies – None

15. Leases

- A. Lease Operating Lease
 - (1) THP is obligated under several non-cancelable operating leases for office space and office equipment. Total rent expense was \$921,376 for the year ended December 31, 2018.
 - (2) At December 31, 2018, the minimum aggregate rental commitments are as follows:

2019	\$1,077,566
2020	\$1,138,641
2021	\$1,173,204
2021	\$1,059,837
2022	\$664,684
Total	<u>\$5,113,931</u>

- (3) The Company is not involved in any material sales-leaseback transactions.

Notes to Financial Statements

B. Lessor Leases – None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables reported as Sales – None

B. Transfer and Servicing of Financial Assets

(1) Description of loaned securities – None

(2) Servicing Assets and Liabilities

a. Risks inherent in servicing assets and servicing liabilities – None

b. Amount of contractually specified servicing fees, late fees and ancillary fees earned for each period – None

c. Assumptions used to estimate the fair value – None

(3) Servicing assets and servicing liabilities are subsequently measured at fair value – None

(4) For securitizations, asset-backed financing arrangements, and similar transfers accounted for as sales when the transferor has continuing involvement (as defined in the glossary of the Accounting Practices & Procedures Manual) with the transferred financial assets:

a. Each income statement presented – None

b. Each statement of financial position presented, regardless of when the transfer occurred – None

(5) Transfers of financial assets accounted for as secured borrowing value – None

(6) Transfers of receivables with recourse – None

(7) Securities underlying repurchase and reverse repurchase agreements – None

C. Wash Sales – None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans – None

B. ASC Plans – None

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

A. Fair Market Value at Reporting Date - The Company’s financial assets and liabilities carried at fair value have been classified, for disclosure purposes, based on a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The hierarchy gives the highest priority to fair values determined using unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to fair values determined using unobservable inputs (Level 3). An asset’s or liability’s classification is determined based on the lowest level input that is significant to its measurement.

For example, a Level 3 fair value measurement may include inputs that are both observable (Levels 1 and 2) and unobservable (Level3). The levels of the fair value hierarchy are as follows:

Level 1: Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.

Level 2: Inputs are other than quoted prices included in level 1 that are observable for the asset or liability through corroboration with market data at the measurement date.

Notes to Financial Statements

Level 3: Inputs are unobservable and reflect management’s best estimate of what market participants would use in pricing the asset or liability at the measurement date.

Fair value of actively traded fixed-income and equity securities is based on quoted market prices. Fair value of inactively traded fixed-income securities is based on quoted market prices of identical or similar securities based on observable inputs like interest rates using a market valuation approach is generally classified as Level 2. Investments measured based on the practical expedient being net asset value (NAV), based on the NAV of the fund as provided for in the audited financial statements and other fund reporting, are generally classified as Level 3.

1. Fair Value Measurements at Reporting Date

	Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total	Net Asset Value Included in Level 2
a.	Assets at fair value					
	Cash Equivalents					
	Money Market Funds	\$3,759,266			\$3,759,266	
	Total Cash Equivalents	\$3,759,266			\$3,759,266	
	Subtotal – Assets at fair value	\$3,759,266			\$3,759,266	
	Liabilities at fair value					
	Subtotal – Liabilities at fair value					

2. Fair Value Measurements in (Level 3) of the Fair Value – None.

3. The Company’s policy for determining when transfers between levels are recognized is the end of the reporting period.

4. a & b & c – There are no fair value measurements categorized within level 2 and level 3 of the fair value hierarchy.

5. Derivative assets and liabilities – None.

B. Fair Value information under SSAP No. 100 combined with Fair Value information Under Other Accounting Pronouncements – None

C. Aggregate Fair Value of All Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$41,811,218	\$42,357,030	\$2,105,889	\$39,705,328		
Cash Equivalents	\$3,759,266	\$3,759,266	\$3,759,266			
Short-term Investments	\$1,849,666	\$1,849,666	\$1,027,081	\$822,585		

D. Not Practicable to Estimate Fair Value – None

E. Net Asset Value (NAV) - None

21. Unusual or Infrequent Items

- A. Unusual or Infrequent Items – None
- B. Troubled Debt Restructuring – None
- C. Other Disclosures – None
- D. Business Interruption Insurance Recoveries – None
- E. State Transferable and Non-transferable Tax Credits – None
- F. Subprime-Mortgage-Related Risk Exposure – None
- G. Retained Assets – None
- H. Insurance Linked Securities - None

Notes to Financial Statements

22. Events Subsequent

Type I – Recognized Subsequent Events

Subsequent events have been considered through February 28, 2019 for the Statutory statement issued on December 31, 2018.

None.

Type II – Nonrecognized Subsequent Events

Subsequent events have been considered through February 28, 2019 for the Statutory statement issued on December 31, 2018.

On January 1, 2019, the Company is not subject to an annual fee under section 9010 of the Affordable Care Act (ACA) since it is waived in 2019. This annual fee is allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2018, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2019, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2019 to be \$0. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 0 percentage points.

Reporting the ACA assessment as of December 31, 2018, would not have triggered and RBC action level.

		Current Year	Prior Year
A.	Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (Yes/No)?	Yes	Yes
B.	ACA fee assessment payable for the upcoming year	\$0	\$1,898,797
C.	ACA fee assessment paid	\$1,898,797	\$0
D.	Premium written subject to ACA 9010 assessment	\$156,627,984	\$160,711,004
E.	Total Adjusted Capital before surplus adjustment (<i>Five Year Historical – Line 14</i>)	19,380,617	
F.	Total Adjusted Capital after surplus adjustment (<i>Five Year Historical – Line 14 minus 22B above</i>)	19,380,617	
G.	Authorized Control Level (<i>Five Year Historical – Line 15</i>)	4,789,482	
H.	Would reporting the ACA assessment as of December 31, 2015, have triggered an RBC action level (Yes/NO)?	No	

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)
- (2) Have any policies issued by the company been reinsured with a company THP in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Notes to Financial Statements

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) The estimated amount of the aggregate reduction in surplus, of termination of all reinsurance agreements, by either party, as of the date of this statement is zero.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

- B. Uncollectible Reinsurance – None
- C. Commutation of Ceded Reinsurance – None
- D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. The method used by the reporting entity to estimate accrued retrospective premium adjustments – Not applicable
- B. Accrual of retrospective premiums recorded through written premium or as an adjustment to earned premium – Not applicable.
- C. Amount of net premiums written that are subject to retrospective rating features, as well as the corresponding percentage to total net premiums written – Not applicable.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act - Not Applicable
- E. Risk-Sharing Provisions of the Affordable Care Act (ACA)
 - (1) Did the reporting entity write accident and health insurance premiums that is subject to the Affordable Care Act risk-sharing provisions (YES/NO)? No
 - (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year - None
 - (3) Rollforward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reason for any adjustments to prior year balance. - None

25. Changes in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2017 were \$35,599,831 for unpaid claims and \$0 for unpaid claims adjustment expenses. As of December 31, 2018, \$28,798,777 has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$2,348,000 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore there has been a \$4,453,055 favorable prior year development since December 31, 2017 to December 30, 2018.

The Company did not have any significant changes in methodologies or assumptions used in the calculation of the liability for unpaid losses or loss adjustment expenses.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

- A. Pharmaceutical Rebate Receivables - None
- B. Risk Sharing Receivables - None

29. Participating Policies

None

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ 0

Notes to Financial Statements

2. Date of the most recent evaluation of this liability	12/31/2018
3. Was anticipated investment income utilized in the calculation? (Yes / No)	No

31. Anticipated Salvage and Subrogation

THP’s subrogation recoveries are considered immaterial as a result of the population served. Plan members are almost entirely TANF recipients eligible only for Medicaid health coverage. Recoveries typically result from non-routine healthcare matters, such as auto accidents. During the years ended December 31, 2018 and 2017, THP recorded \$0 in subrogation recoveries as reductions in medical costs.

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2.

Yes[X] No[]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes[X] No[] N/A[]
District of Columbia
Yes[] No[X]
- 1.3 State Regulating?
- 1.4 Is the reporting entity publicly traded or a member of a publicly traded group?
- 1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[] No[X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2016
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2016
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

04/24/2018
- 3.4 By what department or departments?
DC Department of Insurance Securities and Banking
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes[X] No[] N/A[]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[] N/A[]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business?
4.12 renewals?

Yes[] No[X]
Yes[] No[X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business?
4.22 renewals?

Yes[] No[X]
Yes[] No[X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes[] No[X]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[] No[X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]
- 7.2 If yes,
7.21 State the percentage of foreign control
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

0.000%

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[] No[X]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
		No	No	No	No

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
Brown, Smith, Wallace, LLC 6 City Place Drive Suite 900, St. Louis, MO 63141
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes[] No[X]
- 10.2 If response to 10.1 is yes, provide information related to this exemption:
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

Yes[] No[X]
- 10.4 If response to 10.3 is yes, provide information related to this exemption:
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes[X] No[] N/A[]
- 10.6 If the response to 10.5 is no or n/a please explain:
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Kimberly Shores, FSA, MAAA Lewis & Ellis, Inc. 11225 College Blvd., Suite 320 Overland Park, KS 66210

GENERAL INTERROGATORIES (Continued)

- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes[] No[X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved

\$ 0
- 12.13 Total book/adjusted carrying value

\$ 0
- 12.2 If yes, provide explanation
13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes[] No[] N/A[X]
- 13.3 Have there been any changes made to any of the trust indentures during the year?

Yes[] No[] N/A[X]
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes[] No[] N/A[X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[]
- 14.1a Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- 14.1b Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- 14.1c Compliance with applicable governmental laws, rules and regulations;
- 14.1d The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- 14.1e Accountability for adherence to the code.
- 14.11 If the response to 14.1 is no, please explain:
- 14.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes[] No[X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[X] No[]
17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[]
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[] No[X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers

\$ 0
- 20.12 To stockholders not officers

\$ 0
- 20.13 Trustees, supreme or grand (Fraternal only)

\$ 0
- 20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers

\$ 0
- 20.22 To stockholders not officers

\$ 0
- 20.23 Trustees, supreme or grand (Fraternal only)

\$ 0
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[] No[X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others

\$ 0
- 21.22 Borrowed from others

\$ 0
- 21.23 Leased from others

\$ 0
- 21.24 Other

\$ 0
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[] No[X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment

\$ 0
- 22.22 Amount paid as expenses

\$ 0
- 22.23 Other amounts paid

\$ 0
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[] No[X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ 0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)

Yes[X] No[]
- 24.02 If no, give full and complete information, relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes[] No[] N/A[X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

\$ 0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs.

\$ 0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes[] No[] N/A[X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes[] No[] N/A[X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes[] No[] N/A[X]
- 24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

GENERAL INTERROGATORIES (Continued)

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
6399145	Sterling Capital Management-Don Strehle .....	.....	DC	DS
4438699	ASB Capital Management-Michael Stafford .....	.....	DC, IL, and MD	DS

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?

Yes[] No[X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds .....	..... 44,206,696	..... 43,660,884	..... (545,812)
30.2 Preferred stocks .....	.....	.....	.....
30.3 Totals .....	..... 44,206,696	..... 43,660,884	..... (545,812)

30.4 Describe the sources or methods utilized in determining the fair values:
SE

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[X] No[]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[X] No[] N/A[]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

32.2 If no, list exceptions:

33. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting-entity self-designated 5GI securities?

Yes[] No[X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

OTHER

35.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ 109,890

35.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
Medicaid Health Plans of America .....	..... 60,000

36.1 Amount of payments for legal expenses, if any?

\$ 195,438

36.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

GENERAL INTERROGATORIES (Continued)

1 Name	2 Amount Paid
Wiley Rein, LLP .....	..... 174,172

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$..... 303,592

37.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
The Meyers Group .....	..... 120,000
Windswept Ventures, LLC .....	..... 94,524

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes[] No[X]

1.2 If yes, indicate premium earned on U.S. business only:

\$ 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ 0

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ 0

1.6 Individual policies - Most current three years:

1.61 TOTAL Premium earned

\$ 0

1.62 TOTAL Incurred claims

\$ 0

1.63 Number of covered lives

..... 0

All years prior to most current three years:

1.64 TOTAL Premium earned

\$ 0

1.65 TOTAL Incurred claims

\$ 0

1.66 Number of covered lives

..... 0

1.7 Group policies - Most current three years:

1.71 TOTAL Premium earned

\$ 0

1.72 TOTAL Incurred claims

\$ 0

1.73 Number of covered lives

..... 0

All years prior to most current three years:

1.74 TOTAL Premium earned

\$ 0

1.75 TOTAL Incurred claims

\$ 0

1.76 Number of covered lives

..... 0

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator	156,534,665	160,326,923
2.2	Premium Denominator	156,534,665	160,326,923
2.3	Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4	Reserve Numerator	29,902,192	35,599,831
2.5	Reserve Denominator	29,902,192	35,599,831
2.6	Reserve Ratio (2.4 / 2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes[] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[] No[] N/A[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

\$ 525,000

5.32 Medical Only

\$ 0

5.33 Medicare Supplement

\$ 0

5.34 Dental & Vision

\$ 0

5.35 Other Limited Benefit Plan

\$ 0

5.36 Other

\$ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
Provider agreements contain hold-harmless provisions. The Company also has insolvency protection in its stop loss reinsurance contract.

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

..... 6,839

8.2 Number of providers at end of reporting year

..... 17,741

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

..... 0

9.22 Business with rate guarantees over 36 months

..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[] No[X]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$ 0

10.22 Amount actually paid for year bonuses

\$ 0

10.23 Maximum amount payable withholds

\$ 0

10.24 Amount actually paid for year withholds

\$ 0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes[] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[] No[X]

11.14 A Mixed Model (combination of above)?

Yes[X] No[]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

Yes[X] No[]

11.3 If yes, show the name of the state requiring such minimum capital and surplus.
District of Columbia

11.4 If yes, show the amount required.

\$ 11,559,313

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[] No[X]

11.6 If the amount is calculated, show the calculation.
Per DC Code § 31-3412 (a)(2) " . . . every health maintenance organization must maintain a minimum net worth equal to the greater of: (A) \$1,000,000; ...(D) 8% of health care expenditures (\$101,643,323 x 8%=\$8,131,466) plus 4% of annual hospital expenditures (\$85,696,187 x 4%=\$3,427,847). Total \$11,66+,313

12. List service areas in which the reporting entity is licensed to operate:

1
Name of Service Area
District of Columbia
All Counties in Virginia
All Counties in West Virginia

13.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$ 0

13.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers?

Yes[] No[] N/A[X]

GENERAL INTERROGATORIES (Continued)

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)
- 15.1 Direct Premium Written

\$ 0
- 15.2 Total incurred claims

\$ 0
- 15.2 Number of covered lives

..... 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[X] No[]
- 16.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes[] No[X]

FIVE-YEAR HISTORICAL DATA

	1 2018	2 2017	3 2016	4 2015	5 2014
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	58,623,346	65,217,510	45,049,461	39,847,361	25,974,362
2. TOTAL Liabilities (Page 3, Line 24)	39,242,729	49,156,646	30,214,302	27,565,199	17,289,813
3. Statutory minimum capital and surplus requirement	11,559,313	13,124,264	12,657,526	4,130,310	2,394,851
4. TOTAL Capital and Surplus (Page 3, Line 33)	19,380,617	16,060,864	14,835,159	12,282,162	8,684,549
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	159,974,729	160,327,166	147,423,196	131,563,782	119,092,512
6. TOTAL Medical and Hospital Expenses (Line 18)	110,319,188	120,859,116	116,056,774	104,011,852	97,806,126
7. Claims adjustment expenses (Line 20)	15,392,472	13,699,043	9,129,147	6,301,366	4,852,563
8. TOTAL Administrative Expenses (Line 21)	25,941,892	18,880,665	16,070,126	14,235,571	12,110,183
9. Net underwriting gain (loss) (Line 24)	8,321,177	6,888,342	6,167,149	7,014,993	4,323,640
10. Net investment gain (loss) (Line 27)	899,413	459,162	299,060	4,394	2,253
11. TOTAL Other Income (Lines 28 plus 29)					(25,450)
12. Net income or (loss) (Line 32)	7,238,979	4,610,908	4,239,154	4,328,083	3,000,611
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(2,651,425)	21,808,691	7,459,126	16,670,860	8,284,081
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	19,380,617	16,060,864	14,835,159	12,282,162	8,684,549
15. Authorized control level risk-based capital	4,789,482	5,095,763	4,872,361	4,393,624	4,181,196
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	34,145	37,825	33,608	31,326	31,044
17. TOTAL Members Months (Column 6, Line 7)	421,877	433,493	387,098	365,118	350,497
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	70.5	75.4	78.7	79.1	82.1
20. Cost containment expenses	7.1	6.0	4.4	2.6	1.9
21. Other claims adjustment expenses	2.7	2.5	1.8	2.2	2.2
22. TOTAL Underwriting Deductions (Line 23)	96.9	95.7	95.8	94.7	96.4
23. TOTAL Underwriting Gain (Loss) (Line 24)	5.3	4.3	4.2	5.3	3.6
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	31,567,703	15,888,296	20,997,404	14,043,754	11,854,756
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	35,599,831	24,188,697	20,628,623	11,775,727	7,685,286
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					
33. TOTAL Investment in Parent Included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS
ALLOCATED BY STATES AND TERRITORIES

		1	Direct Business Only							
		Active Status (a)	2	3	4	5	6	7	8	9
State, Etc.			Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1.	Alabama (AL)	N								
2.	Alaska (AK)	N								
3.	Arizona (AZ)	N								
4.	Arkansas (AR)	N								
5.	California (CA)	N								
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)	N								
9.	District of Columbia (DC)	L	14,120,320		142,507,664				156,627,984	
10.	Florida (FL)	N								
11.	Georgia (GA)	N								
12.	Hawaii (HI)	N								
13.	Idaho (ID)	N								
14.	Illinois (IL)	N								
15.	Indiana (IN)	N								
16.	Iowa (IA)	N								
17.	Kansas (KS)	N								
18.	Kentucky (KY)	N								
19.	Louisiana (LA)	N								
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)	N								
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)	N								
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)	N								
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)	N								
33.	New York (NY)	N								
34.	North Carolina (NC)	N								
35.	North Dakota (ND)	N								
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)	N								
40.	Rhode Island (RI)	N								
41.	South Carolina (SC)	N								
42.	South Dakota (SD)	N								
43.	Tennessee (TN)	N								
44.	Texas (TX)	N								
45.	Utah (UT)	N								
46.	Vermont (VT)	N								
47.	Virginia (VA)	L								
48.	Washington (WA)	N								
49.	West Virginia (WV)	L								
50.	Wisconsin (WI)	N								
51.	Wyoming (WY)	N								
52.	American Samoa (AS)	N								
53.	Guam (GU)	N								
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)	N								
57.	Canada (CAN)	N								
58.	Aggregate other alien (OT)	X X X								
59.	Subtotal	X X X	14,120,320		142,507,664				156,627,984	
60.	Reporting entity contributions for Employee Benefit Plans	X X X								
61.	TOTAL (Direct Business)	X X X	14,120,320		142,507,664				156,627,984	
DETAILS OF WRITE-INS										
58001.		X X X								
58002.		X X X								
58003.		X X X								
58998.	Summary of remaining write-ins for Line 58 from overflow page	X X X								
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	X X X								

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

N - None of the above - Not allowed to write business in the state

3

54

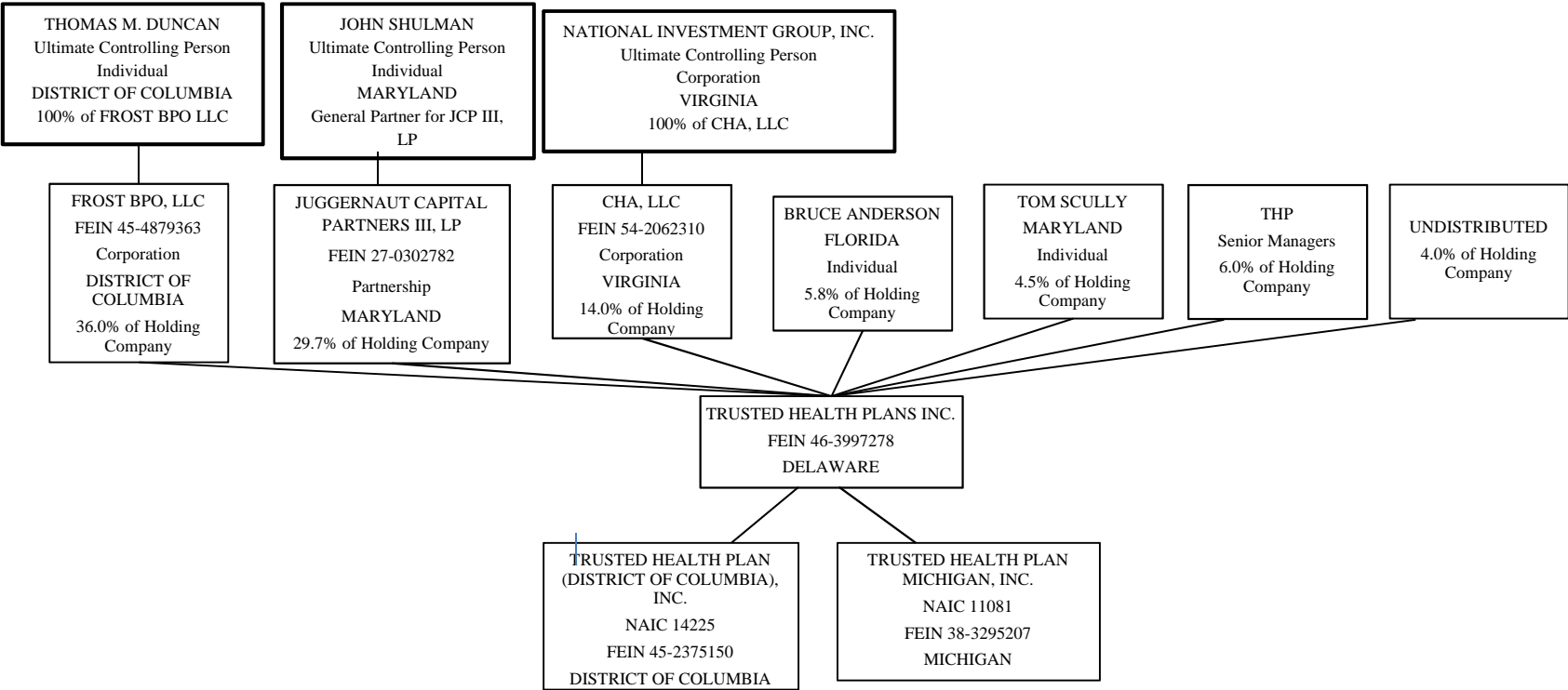
R - Registered - Non-domiciled RRGs

Q - Qualified - Qualified or accredited reinsurer

Explanation of basis of allocation by state, premiums by state, etc.: Situs of the contract

38

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART
INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF TRUSTED HEALTH PLANS HOLDING COMPANY GROUP
ORGANIZATION CHART



**INDEX TO HEALTH
ANNUAL STATEMENT**

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23

**INDEX TO HEALTH
ANNUAL STATEMENT**

Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E28
Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14